U.S. Department of Labor
Office of Labor-Management of Reck
Standards
Washington, DC 20210

FORM LM-30 ABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Evokes 11-30-2006

22205 Expires 11-30-2006 This report is mandatory under Pt. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440. For Official Use Only ALJZ. READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. Ε 2. Fiscal Year Covered From. 1. File Number U 2044 Through [/2] 37 / 4. Name, file number, and address of labor organization. 3. Name and address of person filing. Name Local #45 Plumbers and Pipefit Name Michael VEALE Labor Organization File Number P.O. Box, Building and Room Number, if any P.O. Box, Bldg., Room No., if any 3003 PEZR Summerchi ZIP Code + 4 64503 State 5. Position in labor organization. 1 . 1 641 1 Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., If any 7.b. Amount. Street As substitute City μ. 1 1 State ZIP Code + Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

316-364-6347

Telephone Number

Name of Person Filing Mike Vile	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (Including trade name, If any). Name Local #45 Plumber and Pipe filters Trade Name, If any: P.O. Box, Bidg., Room No., If any Street 2003 PERE Jt. City JT Jumph State 720 ZIP Code + 4 LUS03	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. # 9.b. or 9.c. is checked give trust or employer's name. Name Local # 45 Planbeau and Profession Education Tessing Fund Trade Name, # any: P.O. Box, Bidg., Room No., # any	11.a. Nature of such dealing. 2004 Instanctor Training School		
Street 3003 PEZE	11.b. Approximate dollar value of such desling.	\$ 1,425 **	
Chy ST. Joseph	12.8. Nature of interest held or income received. All Expenses for Instructor Teaming School (Airfair, room & board) Reinbursed by Education Fund		
State 170 ZIP Code + 4 64503	All Experses for Instructor Teasing School (Air describered by Education Fund	Fair, room 4 board)	
	All Expenses for Instructor Tearing School (Air of Resimbursed by Education fund) 12.b. Amount.	Fir, room & board) (# 1,425	
	12.b. Amount.		
State Pro ZIP Code + 4 64503 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount.		
State Pro ZIP Code + 4 64563 C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. r parts A and B above) or other thing of value.		
State Pro ZIP Code + 4 Luse3 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. r parts A and B above) or other thing of value.		
State Pro ZIP Code + 4 64563 C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. r parts A and B above) or other thing of value.		

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8. Name and address of Business (including trade name, if any). Name Local #45 Plunbear and Pipe Liftens Trade Name, if any: P.O. Box, Bidg., Room No , if any Street 7003 Pear St. City . St. Joseph State 170 ZIP Code + 4 L4503	8. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Local # 45 Phurbers and Pipe littles Education Trainer, Fund Trade Name, If any: P.O. Box, Bidg., Room No., If any Street 3003 Page St. City St. Total State A0 ZIP Code + 4 Ligros	11.a. Nature of such dealing Giff coalificate for helping the Education fund in the smount of #50.00 dollars (Cindy Usale) 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Compensation for donating Computers to the approximation school and programing the computers		
	12 h Amount	#50.°°	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, If any: P.O. Box, Bidg., Room No., if any			
Street ZIP Code + 4			
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		